

Dog License Application

Owner Identification: (A	ny person wh	o shelters or feeds the o	log)			
Name of owner:			Phone:			
Address:						
Street		City			State/Zip	
Dog Identification:						
Dog's Name:		Br	eed:			
Primary Color:	: Secondary Color:					
Birth year:		Sex:	Male	Female		
FOR OFFICE USE ONLY						
License Tag No:		Issue Date: _		Expiration Date	e:	
Vaccinated:	# Yrs:	Expiration Date:	Manı	ufacturer:	Serial No:	
Veterinarian:						
Type of License:						
		\$6 oths and over:\$13				
		NO I orking search, hearing and				
Signature of owner:				_ Date:		
Signature of clerk:				Date:		

NOTE: Return this form with <u>all</u> of the following:

- Check or money order payable to the Islip Town Clerk, Olga H. Murray
- A Valid Rabies Certificate
- A Spay/Neuter Certificate